

File Code: **04A**

UST Facility Identification # _____ **Owner's Name** _____

Facility Name _____ **Street** _____

Street _____ **City** _____ **State** ____ **Zip** _____

City _____ **Zip** _____ **Phone** _____ **Fax** _____

County _____ **Phone** _____ **Contact Person** _____

UST Operator	Contractor (Company) _____
Name/Corporation: _____	Contact Person _____
Contact Person _____	Street _____
City _____ State ____ Zip _____	City _____ State ____ Zip _____
Phone _____ Fax _____	Phone _____ Fax _____

Note: Single Point Stage I Systems must be converted to Dual Point by May 1, 2003.

Type of Stage II System: ☐ Vapor Balance ☐ Vacuum Assist ☐ Other (Explain)

CARB Executive Order #s: _____ (Maximum of 3)

Exhibit #: _____ (Balance Only)

If you do not know the CARB Executive Order Numbers, provide the name of the system below:

For Existing UST Systems Only:

Does the existing UST System have operating cathodic protection devices associated with the tanks and/or lines?

☐ Yes ☐ No

Note: If underground work is performed at or near a cathodically protected site, the cathodic protection system must be remonitored within six (6) weeks after work completion and at least once every twelve (12) months thereafter.

DESCRIPTION OF PROPOSED VAPOR RECOVERY WORK:

CERTIFICATION: I, The UST Owner, certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete.

UST Owner's Signature _____ Date _____

Print or Type Name & Title: _____

FOR OFFICIAL USE ONLY

Date Received _____

Stage I Permit Required: _____ Yes _____ No

Stage II Permit Required: _____ Yes _____ No